NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Snohomish County
Policy Number: PAI 0009129919-A

GROUP ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy, and in the individual enrollment forms, if any.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:

President

Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

BENEFITS PROVIDED UNDER THIS POLICY ARE SUPPLEMENTAL TO A HEALTH INSURANCE PLAN AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS POLICY IS A LIMITED POLICY AND IS AN ACCIDENT ONLY POLICY.

TABLE OF CONTENTS

DEFINITIONS

Injury – means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Insured – means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) who has enrolled for coverage under this Policy, if required; (3) for whom premium has been paid; and (4) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent as defined in the Family Coverage Rider.

Immediate Family Member – means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild).

Insured Person – means an Insured or an Insured Dependent as defined in the Family Coverage Rider.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured Person; (2) an Immediate Family Member; or (3) retained by the Policyholder.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application; (3) if individual enrollment is required, the date written enrollment is received by the Policyholder; (4) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any premium due date by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No Grace Period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS

Principal Sum. As applicable to each Insured, Principal Sum means the amount of insurance in force under this Policy as described in the Insured's enrollment form.

Reduction Schedule. The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Permanent Total Disability Benefit, Paralysis Benefit, Coma Benefit.

Accidental Death Benefit. If injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

For Loss of	Percentage of Principal Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1 suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.

2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.

3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:

   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or

   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or

   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer.

4. declared or undeclared war, or any act of declared or undeclared war.

5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.).

7. the Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.

8. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.

9. the Insured Person's[5] commission of or attempt to commit a felony

10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies, Accident and Health Claims Division, P.O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Certificates of Insurance. The Company will provide certificates of insurance for delivery to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Insured's Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Company's or, if agreed upon in advance by the Company, the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company or, if agreed upon in advance by the Company, the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Snohomish County
Policy Number: PAI 0009129919-A

CHILD(REN)'S ADDITIONAL INDEMNITY FOR DISMEMBERMENT AND PARALYSIS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31,2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Child(ren)'s Additional Indemnity for Dismemberment and Paralysis Benefit. The Company will pay a benefit under this Rider when an Insured has Family Coverage in effect under the Policy and an Insured Dependent Child suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment benefit or a Paralysis benefit is payable under the Policy. This benefit is payable to or on behalf of an Insured Dependent Child. It is payable with respect to the one Benefit specified above which provides the larger benefit for all Injuries suffered by the Insured Dependent Child in the same accident. The amount payable under this Rider is an amount equal to the amount payable under the Accidental Dismemberment Benefit or Paralysis Benefit, subject to a maximum of $50,000.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
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(a capital stock company, herein referred to as the Company)

Policyholder: Snohomish County
Policy Number: PAI 0009129919-A

COMA BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Coma Benefit. If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Coma/Comatose – as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038
(212) 770-7000
(a capital stock company, herein referred to as the Company)

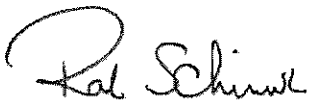
Policyholder: Snohomish County
Policy Number: PAI 0009129919-A

COMMON DISASTER BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Common Disaster Benefit. If an Insured with Family Coverage in effect under the Policy and his or her Insured Spouse both suffer accidental death in the same accident within 365 days of the accident or from separate accidents occurring within a 24 hour period such that an Accidental Death benefit is payable under the Policy for both persons and the Insured Spouse's Principal Sum is less than $250,000, the Insured Spouse's Principal Sum is increased to equal the lesser of: (1) $250,000; or (2) 100% of the Insured's Principal Sum.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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CONVERSION PRIVILEGE RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to individual coverage that ends on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Conversion Privilege (Applies to the Accidental Death Benefit and Accidental Dismemberment Benefit only.) If an Insured Person's coverage ends (prior to age 70) because he or she is no longer a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application, coverage may be converted to an individual accidental death and dismemberment policy (herein called an Individual Policy). However, an Insured Dependent may convert only if he or she is the age of majority or over on the date coverage ends.

The Company must receive a written application and payment of the required premium within 31 days after coverage ends under the Policy. No evidence of insurability is required to obtain the Individual Policy. The Individual Policy will be a type the Company regularly makes available on its effective date. The initial premium for the Individual Policy will be based on the Insured Person's attained age, risk class, and amount of insurance provided, at the time of application for the Individual Policy.

Coverage under the Individual Policy will take effect on the later of: (1) the date the application and required premium payment are received by the Company; or (2) the date that the Insured Person's coverage under the Policy ends. In the event that the application and required premium are not received prior to termination of coverage under the Policy, coverage is not provided from the date coverage ends under the Policy until the date coverage under the Individual Policy becomes effective. Coverage under the Individual Policy may not be less than $100,000 and may not exceed the greater of: (1) the amount for which the Insured Person was covered under the Policy; or (2) $500,000.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Day Care Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit on behalf of any Insured Dependent Child under age 13 who was insured under the Policy on the date of the accident causing death and who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 365 days after the Insured's death. The benefit is payable for each year of the Insured Dependent Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Insured Dependent Child charged by that Day Care Center for that year;
2. 3% of the Insured's Principal Sum on the date of the accident causing death; or
3. $5,000.

The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Insured Dependent Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Insured Dependent Child first enrolls in a Day Care Center.

Day Care Center – as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care for one or more children for periods of less than 24 hours and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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FAMILY COVERAGE RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider

Insured Dependent's Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of: (1) the date the Insured's coverage under the Policy begins (or the date this Rider becomes effective, if later); (2) the date the first premium for the Insured Dependent's coverage is paid when due; (3) if individual enrollment is required, the date the Insured enrolls the dependent for Family Coverage; (4) the date the person becomes a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

Insured Dependent's Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date the Insured requests, in writing, that coverage for the Insured Dependent be terminated; or (4) the date the Insured Dependent ceases to be a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

Insured Dependent's Principal Sum. As applicable to each Insured Dependent, Principal Sum means the amount of insurance in force under the Policy as described in the Insured's enrollment form.

Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is the Insured unless the Insured has named (a) different beneficiary(ies) for the Insured Dependent's coverage as shown on the Company's or, if agreed upon in advance by the Company, the Policyholder's records kept on the Policy.

An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company, or, if agreed upon in advance by the Company, the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

Insured Dependent Child - means the Insured's Eligible Dependent Child as described in the Classification of Eligible Persons section of the Master Application: (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

Insured Dependent - means an Insured Spouse or an Insured Dependent Child.

Insured Spouse - means the Insured's Eligible Spouse as described in the Classification of Eligible Persons section of the Master Application: (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Snohomish County
Policy Number: PAI 0009129919-A

FAMILY EXTENSION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Family Extension Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, coverage for his or her Insured Dependents who remained insured under the Policy from the date of the accident to the date of death will be continued without premium payment.

Coverage will be continued until the earliest of:

1. the date following 3 months from the date of the Insured's death;

2. the date the Insured Spouse remarries (in which case coverage ends for all Insured Dependents);

3. the date the Insured Dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or

4. the date the Policy ends.

In the event an Insured Dependent, whose coverage is being extended under the Family Extension Benefit, suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's Principal Sum will be determined as of the date of the accident which caused the Insured's death.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

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Secretary

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Policy Number: PAI 0009129919-A

GROUP MEDICAL/DENTAL PREMIUM CONTINUATION REIMBURSEMENT BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Group Medical/Dental Premium Continuation Reimbursement Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit to or on behalf of the Insured Dependents who were insured under the Policy on the date of the accident causing death and who: (1) had dependent group medical and/or dental coverage in effect under a group medical and/or dental plan provided through the Policyholder continuously from the date of the Insured's accident to the date of the Insured's death; and (2) within 60 days after the date of the Insured's death, elect to continue that coverage. The benefit is payable for each consecutive year of continued coverage to a maximum of three (3) consecutive years, but is subject to earlier termination as described below. The total amount of the benefit each year is equal to the least of:

1. The actual cost of the premium charged and paid for the continued medical and/or dental coverage for those Insured Dependents for that year;

2. 2% of the Insured's Principal Sum on the date of the accident causing death; or

3. $2,000.

The applicable portion of the yearly benefit for each period of coverage is payable upon receipt of due proof of enrollment for that period of coverage, but not more frequently than monthly.

This benefit is not payable for any period of coverage under the Policyholder's group medical and/or dental plan before the date of the Insured's death. It is not payable with respect to any Insured Dependent for any period of time after the earliest of:

1. The date the Policyholder ceases to make available the group medical and/or dental plan under which that Insured Dependent continues coverage;

2. If that Insured Dependent becomes covered under any other group medical and/or dental plan without a pre-existing condition limitation, the date the coverage begins;

3. If that Insured Dependent becomes covered under any other group medical and/or dental plan with a pre-existing condition limitation, the date that limitation no longer applies;

4. The date that Insured Dependent becomes eligible for Medicare;

5. The date the Insured Spouse remarries (in which case this benefit ends for all Insured Dependents);

6. The date that Insured Dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or

7. The date the continued coverage under the Policyholder's group medical and/or dental plan terminates with respect to that Insured Dependent.

The Group Medical/Dental Premium Continuation Reimbursement Benefit does not provide for the continuation of any coverage or benefits under the Policy, and does not provide for any other Policy benefits otherwise applicable to Insured Dependents under the Policy. It provides a benefit only with respect to premiums for continuation of coverage under the Policyholder's group medical and/or dental plan.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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IN-HOSPITAL INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

In-Hospital Indemnity Benefit (Not Applicable to Insured Dependents). If an Insured suffers an Injury that, within 365 days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after 8 Day(s) of Confinement due to that Injury. No benefit is provided for the first 8 Day(s) of Confinement. The amount of the benefit is the lesser of $3,000 or 1% the Insured's Principal Sum per month of Inpatient confinement due to that Injury. It is payable monthly for a maximum of 12 months during any one Period of Confinement. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day of Confinement for which the Company is liable when the Insured is confined for less than a full month. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement – as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital – as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

Inpatient – as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Period of Confinement – as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 90 days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

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PARALYSIS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of t2he provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Paralysis Benefit. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

Type of Paralysis	Percentage of Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Limb" means entire arm or entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

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President

Secretary

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REHABILITATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of $10,000 for all Injuries caused by the same accident.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary Rehabilitative Training Service- as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Covered Rehabilitative Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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SEAT BELT AND AIR BAG BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Seat Belt Benefit (Percentage of Principal Sum Amount). The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt or, if the Insured Person is a child, a properly installed and fastened child restraint device as defined by state law. The amount payable under this Rider is the lesser of: (1) $25,000; or (2)10% of the Insured Person's Principal Sum.

Air Bag Benefit (Percentage of Principal Sum Amount). The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) $10,000; or (2) 5%.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Tuition Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay the following benefit:

For the Insured Dependent Children under Age 25 - 29. The Company will pay a benefit to or on behalf of any Insured Dependent Child under age 25 - 29 who was insured under the Policy on the date of the accident causing death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Insured Dependent Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. 5% of the Insured's Principal Sum on the date of the accident causing death; or
3. $3,750.

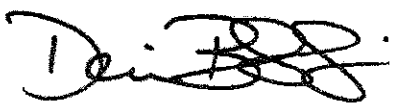
The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

Institution of Higher Learning – as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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WAIVER OF PREMIUM BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 31, 2015. It applies only with respect to an Insured receiving disability benefits under a disability plan provided through the Policyholder where the Insured's disability begins on or after the later of: (1) the effective date of this Rider; or (2) the date coverage under the Policy begins for that Insured. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Waiver of Premium Benefit. Subject to the Policy remaining in force, all premiums due under the Policy on behalf of an Insured who is receiving disability benefits under a disability plan provided through the Policyholder, will be waived. Premiums will be waived from the first premium due date on or after the date the disability benefits begin. Premium payments must be resumed on the premium due date next following: (1) the date the Insured returns to work; or (2) the date when such disability benefits are stopped, whichever occurs first. If premium payments are not resumed on that date, the Insured's coverage under the Policy ends on that date.

The premiums waived include only premiums for the Insured's coverage on himself or herself, plus premium for Insured Dependent(s) covered under the Policy on the date the disability began.

The Principal Sum amount that applies during the time premiums are waived is the lesser of: (1) $250,000; or (2) the Principal Sum in force on the Insured on the date the disability began.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary

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MASTER APPLICATION FOR GROUP ACCIDENT INSURANCE POLICY

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. **Identification of Policyholder:**

   Name of Policyholder: Snohomish County
   Address of Policyholder: Snohomish County Courthouse, Everett, WA 98201
   Type of Business or Purpose of Organization: County Government
   Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: DEF Incorporated: None
   Policy Number: PAI 9129919-A

2. **Classification of Eligible Persons:**

Class	Description of Class
1	All employees of the Policyholder not in Class 2.
2	All Police Officers of the Policyholder not in Class 1.
3	All eligible Spouses and eligible Dependent Children of Class 1 or 2 Insureds.

Eligible Spouse – as used above, means the Insured's legal spouse or Domestic Partner.

Domestic Partner – as used above, means an opposite or same sex partner who has met all of the following requirements for at least 12 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which they reside; and (5) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Eligible Dependent Children – as used above, means the Insured's unmarried children, including natural and adopted children, and step or foster children from the moment of placement in the home of the Insured, under age 25 (29 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured for support and maintenance. The term "adopted children" includes a child for whom the Insured has assumed a legal obligation for total or partial support of a child in anticipation of adopting such child.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of development disability or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the coverage under the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 31 days aftter the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of any eligible class of persons as described above may still be regarded as in an eligible class of persons as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three months in a row unless a longer period is agreed to by the Company and the Policyholder.

The portion of premium payments paid by the Insured, if any, must continue to be paid during any period of leave as described above for coverage to remain in force.

3. **Principal Sum:**

Class	**Voluntary Amount**
1	not less than $10,000.00 nor more than $250,000.00 in increments of $10,000.00.
2	not less than $10,000.00 nor more than $75,000.00 in increments of $10,000.00.
3	(See the following description)

Family Coverage bundled:

For an Insured Dependent Child. If an Insured Dependent Child suffers a loss for which a benefit is payable under the Policy and there is an Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $37,500 or 15% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $37,500 or 20% of the Insured's Principal Sum on the date of the accident causing the loss.

For an Insured Spouse. If an Insured Spouse suffers a loss for which a benefit is payable under the Policy and there is an Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 60% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 50% of the Insured's Principal Sum on the date of the accident causing the loss.

5. **Policy Benefits and Coverages:**

Check one and only one:

☐ Accidental Death Benefit Only
☒ Both Accidental Death and Accidental Dismemberment Benefits

The following Riders are attached to and made part of the Policy Effective Date. Each Rider is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider

FORM:	DESCRIPTION:	CLASS
C11663DBG	Child(ren)'s Additional Indemnity for Dismemberment & Paralysis Benefit	3
C11664DBG-WA	Coma Benefit	1, 2, 3
C11666(REV 3-99)DBG-WA	Common Disaster Benefit	3
C11667DBG	Conversion Privilege	1, 2, 3
C11668(REV 3-99)DBG-WA	Day Care Benefit	3
C11671(REV 3-99)DBG-WA	Family Coverage	3
C11672DBG	Family Extension Benefit	3
C11676DBG	Group Medical/Dental Premium Continuation Reimbursement Benefit	3
C11677DBG-WA	In-Hospital Indemnity Benefit	1, 2, 3
C11679DBG-WA	Paralysis Benefit	1, 2, 3
C11683DBG	Rehabilitation Benefit	1, 2, 3
C11687(REV 3-99)DBG	Seat Belt and Air Bag Benefit (Percentage of Principal Sum Amount)	1, 2, 3
C11688(REV 3-99)DBG-WA	Tuition Benefit	3
C11689DBG	Waiver of Premium Benefit	1, 2, 3

6. **Premiums:**

Class		Premium
1	Employee Only Coverage	$0.030 per $1,000 per month
2	Employee Only Coverage	$0.030 per $1,000 per month
1+3	Family Coverage	$0.050 per $1,000 per month
2+3	Family Coverage	$0.050 per $1,000 per month

7. **Coverage Effective Date:**

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person for whom enrollment has been received by the Policyholder, if applicable, and for whom premium has been paid on the following date: 1st day of the month next following the date the completed enrollment form is received by the Personnel Department of Snohomish County.

A change in coverage due to a change in the eligible person's class or or election of Principal Sum amount will become effective on the latest of the following dates: (1) if individual enrollment for the change is required, the date the written enrollment form requesting the change is received by the Policyholder; (2) if the change requires a change in premium, the date the first changed premium is paid when due. However, a changed Principal Sum applies only with respect to accidents that occur on or after the effective date of the change.

8. **Policy Effective Date:** March 31, 2015

9. **Policy Termination Date:** March 31, 2016

Signed for the Policyholder

Executive Director
Title

4/2/15
Date

Signed by Licensed Resident Agent
(Where Required by Law)

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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GROUP ACCIDENT INSURANCE CERTIFICATE

ABOUT THIS CERTIFICATE. This certificate describes accident insurance the Company provides to Insured Persons under the Group Policy (herein called the Policy) issued to the Policyholder.

RIGHT TO EXAMINE CERTIFICATE. The certificate of insurance issued to each Insured can be returned for any reason within 30 days after it is received by the Insured. The certificate should be returned by mail or in person to the Company. Any premium paid will be refunded and the certificate will be treated as if it were never issued.

SCHEDULE

Class	Description of Class
1	All employees of the Policyholder not in Class 2.
2	All Police Officers of the Policyholder not in Class 1.
3	All eligible Spouses and eligible Dependent Children of Class 1 or 2 Insureds.

Principal Sum (by Class)

Class	Voluntary Amount
1	not less than $10,000.00 nor more than $250,000.00 in increments of $10,000.00.
2	not less than $10,000.00 nor more than $75,000.00 in increments of $10,000.00.
3	(See the following description)

Family Coverage bundled:

For an Insured Dependent Child. If an Insured Dependent Child suffers a loss for which a benefit is payable under the Policy and there is an Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $37,500 or 15% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $37,500 or 20% of the Insured's Principal Sum on the date of the accident causing the loss.

For an Insured Spouse. If an Insured Spouse suffers a loss for which a benefit is payable under the Policy and there is an Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 60% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 50% of the Insured's Principal Sum on the date of the accident causing the loss.

Effective Date of Coverage
March 31, 2015

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this certificate:

President

Secretary

PLEASE READ THIS CERTIFICATE CAREFULLY.

Non-Participating

BENEFITS PROVIDED UNDER THE POLICY ARE SUPPLEMENTAL TO A HEALTH INSURANCE PLAN AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THE POLICY IS A LIMITED POLICY AND IS AN ACCIDENT ONLY POLICY.

TABLE OF CONTENTS

DEFINITIONS

Annual Salary – means the Insured's base annual salary exclusive of overtime, bonuses, tips, commissions and special compensation.

Domestic Partner – means an opposite or same sex partner who has met all of the following requirements for at least 12 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which they reside; and (5) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Eligible Dependent – means an Eligible Spouse or an Eligible Dependent Child.

Eligible Dependent Child(ren) – means the Insured's unmarried children, including natural and adopted children, and step or foster children from the moment of placement in the home of the Insured, under age 25 (29 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured for support and maintenance. The term "adopted children" includes a child for whom the Insured has assumed a legal obligation for total or partial support of a child in anticipation of adopting such child.

Any unmarried Eligible Dependent Child(ren) before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of developmental disability or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 31 days after the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Eligible Spouse – means the Insured's legal spouse or Domestic Partner.

Family Coverage – means coverage in force under the Policy on an Insured's Eligible Dependents: (1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.

Injury – means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Insured – means a member of an eligible class of persons as described in the Schedule the person named in the Schedule who has enrolled for coverage under the Policy, if required and for whom premium has been paid while covered under the Policy.

Immediate Family Member – means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Insured Dependent – means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child(ren) – means the Insured's Eligible Dependent Child(ren): (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

Insured Person – means an Insured or an Insured Dependent.

Insured Spouse – means the Insured's Eligible Spouse: (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured Person; (2) an Immediate Family Member; or (3) retained by the Policyholder.

Schedule – means the enrollment form on file with the Policyholder.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. The Insured's coverage under the Policy begins on the Effective Date of Coverage as shown in the Schedule.

With respect to the basic coverage, if any, achange in coverage due to a change in the Insured's class or Annual Salary will become effective on the date of the change. With respect to the voluntary coverage, a change in coverage due to a change in the Insured's class, Annual Salary, or election of Principal Sum amount will become effective on the later of the following dates: (1) if individual enrollment is required, the date the written enrollment form requesting the change is received by the Policyholder; or (2) if the change requires a change in premium, the date the first changed premium is paid when due. A change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

Termination Date. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be eligible for coverage under the Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of any eligible class of persons as described in the Master Application may still be regarded as in an eligible class of persons as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three in a row unless a longer period is agreed to by the Company and the Policyholder.

The portion of premium payments paid by the Insured, if any, must continue to be paid during any period of leave as described above for coverage to remain in force.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of: (1) the date the Insured's coverage begins; (2) the date the first premium for the Insured Dependent's coverage is paid when due; (3) if individual enrollment is required, the date the Insured enrolls the dependent for Family Coverage except if the Insured does not enroll within 31 days after the date the dependent becomes an Eligible Dependent, the Insured must wait until the next open enrollment period of the Policyholder to enroll the dependent; or (4) the date the person becomes an Eligible Dependent.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date the Insured's coverage ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date the Insured requests, in writing, that coverage for the Insured Dependent be terminated; or (4) the date the Insured Dependent ceases to be an Eligible Dependent.

Termination of coverage will not affect a claim for a covered loss which is incurred while the Insured Dependent's coverage was in force under the Policy.

PREMIUM

Premiums. The Company provides insurance in return for premium payments. The premium shown in the Schedule is payable to the Company in the manner described in the Schedule. The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in the Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating coverage under the Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No Grace Period will be provided if the Company receives notice to terminate the Insured Person's coverage under the Policy prior to a premium due date.

BENEFITS AND COVERAGES

Principal Sum

As applicable to each Insured, Principal Sum means the amount of insurance in force under the Policy as described in the Schedule.

Reduction Schedule

The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided under the Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

Limitation on Multiple Benefits

If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided under the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit.

Accidental Death Benefit

If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit

If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

For Loss of	Percentage of Principal Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.

Child(ren)'s Additional Indemnity for Dismemberment and Paralysis Benefit

If an Insured has Family Coverage in effect under the Policy and an Insured Dependent Child suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment Benefit or a Paralysis Benefit is payable under the Policy, the Company will pay this additional benefit to or on behalf of an Insured Dependent Child. It is payable with respect to the one Benefit specified above which provides the larger benefit for all Injuries suffered by the Insured Dependent Child in the same accident. The amount payable for this additional benefit is equal to the amount payable under the Accidental Dismemberment Benefit or Paralysis Benefit, subject to a maximum of $50,000.

Coma Benefit

If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

"Coma/Comatose" - means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Common Disaster Benefit

If an Insured with Family Coverage in effect under the Policy and his or her Insured Spouse both suffer accidental death in the same accident within 365 days of the accident or from separate accidents occurring within a 24 hour period such that an Accidental Death benefit is payable under the Policy for both persons and the Insured Spouse's Principal Sum is less than $250,000; or (2) 100% of the Insured's Principal Sum.

Conversion Privilege
(Applies to the Accidental Death Benefit and Accidental Dismemberment Benefit Only)

If an Insured Person's coverage ends (prior to age 70) because he or she is no longer eligible for coverage under the Policy, coverage may be converted to an individual accidental death and dismemberment policy (herein called an Individual Policy). However, an Insured Dependent may convert only if he or she is the age of majority or over on the date coverage ends.

The Company must receive a written application and payment of the required premium within 31 days after coverage ends under the Policy. No evidence of insurability is required to obtain the Individual Policy. The Individual Policy will be a type the Company regularly makes available on its effective date. The initial premium for the Individual Policy will be based on the Insured Person's attained age, risk class, and amount of insurance provided, at the time of application for the Individual Policy.

Coverage under the Individual Policy will take effect on the later of: (1) the date the application and required premium payment are received by the Company; or (2) the date that the Insured Person's coverage under the Policy ends. In the event that the application and required premium are not received prior to termination of coverage under the Policy, coverage is not provided from the date coverage ends under the Policy until the date coverage under the Individual Policy becomes effective. Coverage under the Individual Policy may not be less than $100,000 and may not exceed the greater of: (1) the amount for which the Insured Person was covered under the Policy; or (2) $500,000.

Day Care Benefit

If an Insured or the Insured Spouse suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit on behalf of any Insured Dependent Child under age 13 who was insured under the Policy on the date of the accident causing death and who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 365 days after the Insured's death. The benefit is payable for each year of the Insured Dependent Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Insured Dependent Child charged by that Day Care Center for that year;
2. 3% of the Insured's or the Insured Principal Sum on the date of the accident causing death; or
3. $5,000.

The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Insured Dependent Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Insured Dependent Child first enrolls in a Day Care Center.

"Day Care Center" - means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care for one or more children for periods of less than 24 hours and is operating in compliance with applicable laws and regulations of the jurisdiction.

Family Extension Benefit

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, coverage for his or her Insured Dependents who remained insured under the Policy from the date of the accident to the date of death will be continued without premium payment.

Coverage will be continued until the earliest of:

1. the date following 3 months from the date of the Insured's death;

2. the date the Insured Spouse remarries (in which case coverage ends for all Insured Dependents)

3. the date the Insured Dependent otherwise ceases to be an Eligible Dependent; or

4. the date the Policy ends.

In the event an Insured Dependent, whose coverage is being extended under the Family Extension Benefit, suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's Principal Sum will be determined as of the date of the accident which caused the Insured's death.

Group Medical/Dental Premium Continuation Reimbursement Benefit

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit to or on behalf of the Insured Dependents who were insured under the Policy on the date of the accident causing death and who: (1) had dependent group medical and/or dental coverage in effect under a group medical and/or dental plan provided through the Policyholder continuously from the date of the Insured's accident to the date of the Insured's death; and (2) within 60 days after the date of the Insured's death, elect to continue that coverage. The benefit is payable for each consecutive year of continued coverage to a maximum of three (3) consecutive years, but is subject to earlier termination as described below. The total amount of the benefit each year is equal to the least of:

1. The actual cost of the premium charged and paid for the continued medical and/or dental coverage for those Insured Dependents for that year;

2. 2% of the Insured's Principal Sum on the date of the accident causing death; or

3. $2,000.

The applicable portion of the yearly benefit for each period of coverage is payable upon receipt of due proof of enrollment for that period of coverage, but not more frequently than monthly.

This benefit is not payable for any period of coverage under the Policyholder's group medical and/or dental plan before the date of the Insured's death. It is not payable with respect to any Insured Dependent for any period of time after the earliest of:

1. The date the Policyholder ceases to make available the group medical and/or dental plan under which that Insured Dependent continues coverage;

2. If that Insured Dependent becomes covered under any other group medical and/or dental plan without a pre-existing condition limitation, the date the coverage begins;

3. If that Insured Dependent becomes covered under any other group medical and/or dental plan with a pre-existing condition limitation, the date that limitation no longer applies;

4. The date that Insured Dependent becomes eligible for Medicare;

5. The date the Insured Spouse remarries (in which case this benefit ends for all Insured Dependents);

6. The date that Insured Dependent otherwise ceases to be an Eligible Dependent; or

7. The date the continued coverage under the Policyholder's group medical and/or dental plan terminates with respect to that Insured Dependent.

The Group Medical/Dental Premium Continuation Reimbursement Benefit does not provide for the continuation of any coverage or benefits under the Policy, and does not provide for any other Policy benefits otherwise applicable to Insured Dependents under the Policy. It provides a benefit only with respect to premiums for continuation of coverage under the Policyholder's group medical and/or dental plan.

In-Hospital Indemnity Benefit
(Not Applicable to Insured Dependents)

If an Insured suffers an Injury that, within 365 days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after 8 Day(s) of Confinement due to that Injury. No benefit is provided for the first 8 Day(s) of Confinement. The amount of the benefit is the lesser of $3,000 or 1% of the Insured's Principal Sum per month of Inpatient confinement due to that Injury. It is payable monthly for a maximum of 12 months during any one Period of Confinement. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day of Confinement for which the Company is liable when the Insured is confined for less than a full month. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

"Day(s) of Confinement" - means a day of Hospital confinement as an Inpatient.

"Hospital" - for purposes of this benefit, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

"Inpatient" - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

"Period of Confinement" - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 90 days.

Paralysis Benefit

If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

Type of Paralysis	Percentage of Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Rehabilitation Benefit

If an Insured Person suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of $10,000 for all Injuries caused by the same accident.

"Hospital" - for purposes of this benefit, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

"Medically Necessary Rehabilitative Training Service" - means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

"Covered Rehabilitative Expense(s)" - means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the Exclusions section of this Certificate, Covered Rehabilitative Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Seat Belt and Air Bag Benefit

Seat Belt Benefit (Percentage of Principal Sum). If the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt or, if the Insured Person is a child, a properly installed and fastened child restraint device as defined by state law, the Company will pay this additional benefit. The amount payable for this additional benefit is the lesser of: (1) $25,000; or (2) 10% of the Insured Person's Principal Sum.

Air Bag Benefit (Percentage of Principal Sum). If a Seat Belt Benefit is payable and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay this additional benefit. The additional amount payable for this benefit is the lesser of: (1) $10,000; or (2) 5% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

"Automobile" - means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

"Supplemental Restraint System" - means an air bag which inflates for added protection to the head and chest areas.

Tuition Benefit

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay the following benefit:

For the Insured Dependent Children under Age 25 - 29. The Company will pay a benefit to or on behalf of any Insured Dependent Child under age 25 - 29 who was insured under the Policy on the date of the accident causing death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Insured Dependent Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. 5% of the Insured's Principal Sum on the date of the accident causing death; or
3. $3,750.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

"Institution of Higher Learning" - means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

Waiver of Premium Benefit

Subject to the Policy remaining in force, all premiums due under the Policy on behalf of an Insured who is receiving disability benefits under a disability plan provided through the Policyholder, will be waived for an Insured's disability that begins on or after the later of: (1) the Insured's effective date of coverage under the Policy; or (2) the date this benefit becomes effective. Premiums will be waived from the first premium due date on or after the date the disability benefits begin. Premium payments must be resumed on the premium due date next following: (1) the date the Insured returns to work; or (2) the date when such disability benefits are stopped, whichever occurs first. If premium payments are not resumed on that date, the Insured's coverage under the Policy ends on that date.

The premiums waived include only premiums for the Insured's coverage on himself or herself, plus premium for Insured Dependent(s) covered under the Policy on the date the disability began.

The Principal Sum amount that applies during the time premiums are waived is the lesser of: (1) $250,000; or (2) the Principal Sum in force on the Insured on the date the disability began.

Exclusion 2 in the Exclusions section of this Certificate does not apply with respect to this benefit.

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1 suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.

2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.

3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:

   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or

   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or

   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer.

4. declared or undeclared war, or any act of declared or undeclared war.

5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.).

7. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.

8. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.

9. the Insured's Person's commission of or attempt to commit a felony

10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies, Accident and Health Claims Division, P.O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under the Policy for two year(s) during his lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Insured's Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for the Policy as shown on the Company's records kept on the Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company with a written request for change. When the request is received by the Company whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is the Insured unless the Insured has named (a) different beneficiary(ies) for the Insured Dependent's coverage as shown on the Company's records kept on the Policy.

An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the Company with a written request for change. When the request is received by the Company, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. An Insured may assign all of his or her rights, privileges and benefits under the Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of the Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT # 1

This endorsement, effective March 31, 2015 12:01 A.M. forms a part of Policy No. PAI 0009129919-A issued to SNOHOMISH COUNTY by National Union Fire Insurance Company of Pittsburgh, PA

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

President

Secretary

AIG Property Casualty
U.S. Privacy and Data Security Notice

About This Notice

This Privacy and Data Security Notice applies only to your Personal Information (see definition below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with the products or services one of those companies provided primarily for your personal, family, or household purposes in connection with which you are receiving this notice.

The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of Personal Information that we collect in the course of conducting our business. This notice outlines how we collect, handle, and disclose Personal Information about you.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies you personally. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on your physical condition or health status.

I. Information Privacy

We may collect Personal Information from applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates. We may also collect Personal Information from credit reporting agencies and other third parties in connection with the sale of our products to you.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to your request for a product or service from us or otherwise.

Information Sharing

We may share your Personal Information with Affiliates and Non-Affiliates as described below.

With our Affiliates:

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share your Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with our Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

With Non-Affiliates:

We may share your Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share your non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

For California and Vermont Residents: If it becomes necessary to share your Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining your permission.

II. Data Security

To help prevent unwarranted disclosure of your Personal Information and secure it from theft, we utilize secure computer networks. Access is restricted to those persons who have a business need to use your Personal Information to provide products or services to you. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of your Personal Information in compliance with federal and state privacy and information security laws.

III. Maintaining Personal Information

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. You may make this request in writing to (include your name, address and policy number):

Chief Privacy Officer
AIG Property Casualty
175 Water Street 15th Floor New York, NY 10038
Fax: 212 458-7081
E-Mail: CIPrivacy@aig.com

Special Notice: You can obtain access to any non-public Personal Information we have about you if you properly identify yourself and submit a written request to the address above describing the information you want to review. We will also tell you the identity, if recorded, of persons to whom we have disclosed your non-public Personal Information within the preceding two years.

You may request that we correct, amend or delete information about you. If we do so, we will notify organizations that provided us with that information and, at your request, persons who received that information from us within the preceding two years. If we cannot grant your request to correct, amend or delete the information, you may give us a written statement of the reasons you disagree, which we will place in your file and give to the same parties who would have been notified of the requested change.

Our Customers Can Depend on Us

We are committed to maintaining our trusted relationship with our Customers. We consider it our privilege to serve our Customers' insurance and financial needs and we value the trust they have placed in us. Our Customers' privacy is a top priority. We will continue to monitor our practices in order to protect that privacy and will comply with state privacy laws that require more restrictive practices than those set out in this notice.

Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; and American General Life Insurance Company of Delaware.

HIPAA Privacy Notice
AIG Property Casualty

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About this Notice

You are receiving this notice because you have insurance under an individual or group Accident and Health (A&H) policy from one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. (collectively, the "AIG Companies" or "we") listed at the end of this notice.

If the A&H insurance policy you have does not provide payment for the cost of medical care, then this Health Insurance Portability and Accountability Act (HIPAA) Notice does not apply to you. In that case, the AIG Property Casualty Privacy and Data Security Notice you also received from us describes our privacy practices and your rights under state laws related to personal health and other personal information we may have collected about you in the course of conducting business with you.

If the A&H insurance policy you have provides payment for the cost of medical care, the AIG Property Casualty Privacy and Data Security Notice applies and the Health Insurance Portability and Accountability Act requires us to send you this additional notice of our obligations and your rights, under federal law.

Our Duties

We are required to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. In the event we revise the practices related to privacy described in this notice, we will provide you with a revised notice by mail.

Your Individual Rights

With respect to protected health information, you have the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information including the uses and disclosures listed in this notice and permitted disclosures by law. However, we are not required to agree to a requested restriction except for a request for a restriction to your protected health information where you have paid for the cost of the health care item or service in full and disclosure is not otherwise required by law;
2. The right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations;
3. The right to inspect and copy your protected health information in our records, in either hard copy or electronic form to the extent that we maintain such records electronically, except:
   - for psychotherapy notes;
   - for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
   - for protected health information that is subject to a law prohibiting access to that information; or
   - if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

   We may also deny your request to inspect and copy your protected health information if:
   - a licensed health care professional has determined that the access requested is reasonably likely to endanger your life or physical safety or the life or physical safety of another person;
   - the protected health information makes reference to another person and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
   - a licensed health care professional has determined that the access requested by your personal representative is reasonably likely to cause substantial harm to you or another person.

     If we deny access on one of the above three grounds, you have the right to have the denial reviewed in accordance with applicable law;
4. The right to amend your protected health information contained in our records. However, if the information was not created by us, is not part of your medical or billing records, is not available for inspection, or the information is accurate and complete, we are not required to amend the information;
5. The right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested, except for disclosures:

- to carry out payment and health care operations as provided below;
- for notification purposes, as provided by law;
- for national security or intelligence purposes, as provided by law;
- to correctional institutions or law enforcement officials, as provided by law; or
- that occurred prior to April 14, 2003;

6. The right to obtain a paper copy of this notice upon request if you are viewing this notice electronically; and
7. The right to be notified of a breach of unsecured protected health information. Unsecured protected health information means protected health information that is not secured through the use of a technology or methodology specified by the Secretary of Health and Human Services.

Uses and Disclosures of Protected Health Information

Under federal law, we are permitted to use and disclose protected health information for the purposes of treatment, payment, and health care operations.

- Treatment. We do not provide treatment.
- Payment. Payment refers to activities involving the collection of premium and payment of claims. Examples of uses and disclosures under this section include: (1) sharing protected health information with other insurers to determine coordination of benefits, the administration of claims, determining coverage, and providing benefits; and (2) sharing protected health information with third party administrators for the processing of claims.
- Operations. Operations refers to the business functions necessary for us to operate, such as quality assurance activities, audits, and complaint responses. Examples of uses and disclosures under this section include: (1) using protected health information for the purpose of underwriting and calculating premium rates; (2) using protected health information to perform legal, actuarial, and auditing services; (3) disclosing protected health information when responding to complaints; and (4) use of protected health information for general data analysis and long term management and planning. We do not use protected health information that is genetic health information for underwriting purposes. Genetic information includes information concerning the manifestation of a disease or condition of a family member while information about a condition or a disease pertaining to a specific individual is not genetic information.

We may also use or disclose your protected health information for other purposes permitted or required by law, including the following:

- to you, as the covered individual;
- to a personal representative designated by you to receive protected health information or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual;
- to the Secretary of Health and Human Services, or any employee thereof, as part of an investigation to determine our compliance with the HIPAA Privacy Rules;
- to a business associate as part of a contracted agreement to perform services for the plan;
- to a health oversight agency, such as the Insurance Commissioner's Office, to respond to inquiries or investigations of the plan, requests to audit the plan, or to obtain necessary licenses;
- in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding;
- as required for law enforcement purposes; or
- as required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which protected health information may be used. They are provided to describe in general the types of uses and disclosures that may be made.

We do not use protected health information for fundraising activities, however, if we were to do so, you would be provided with the right to opt out of any such use.

We will not use your protected health information for any of the following activities without obtaining your prior written authorization:

- Marketing activities using protected health information;
- Any disclosure that constitutes a sale of protected health information; or
- The use or disclosure of psychotherapy notes.

Other uses and disclosures of your protected health information may be made only with your written authorization unless otherwise permitted or required by law. You may revoke such authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your protected health information in good faith with the authorization.

Complaints Regarding Your Privacy Rights

If you believe your privacy rights have been violated, you may contact the Secretary of Health and Human Services or you may file a complaint in writing with us at the address below. Federal law prohibits us from retaliating against you for filing such a complaint.

Contact Us

For information regarding any matter covered by this notice, please contact:

Chief Privacy Officer
AIG Property Casualty
175 Water Street, 15th Floor | New York, N.Y. 10038
Phone: 1-866-244-4786
E-mail: CIPrivacy@aig.com

Effective Date

The effective date of this notice is September 23, 2013.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; and American General Life Insurance Company of Delaware.

IMPORTANT NOTICE TO OUR CUSTOMERS REGARDING THE OFFICE OF FOREIGN ASSETS CONTROL

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website: http://www.ustreas.gov/offices/eotffc/ofac.

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

POTENTIAL ACTIONS BY US

1. We may immediately cancel your coverage effective on the day that we determine that we have transacted business with an individual or entity associated with your policy on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.
2. If we cancel your coverage, you will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
3. We will not pay a claim, accept premium or exchange monies or assets of any kind to or with individuals, entities or companies (including a bank) on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC. And, we will not defend or provide any other benefits under your policy to individuals, entities or companies on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Snohomish County
Policy Number: PAI 0009129919

GROUP ACCIDENT INSURANCE

Policy Amendment No. 5

This Policy Amendment is attached to and made part of the Policy effective March 31, 2015 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that this Policy PAI 0009129919 is cancelled effective March 31, 2015 and rewritten to Policy PAI 0009129919-A effective March 31, 2015.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.